

Michigan Department of Community Health
Bureau of Health Professions
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918*

**APPLICATION FOR APPROVAL OF A PHARMACY
CONTINUING EDUCATION PROGRAM**

Authority: Public Act 299 of 1980, as amended.
If this form is not completed, approval will not be granted.

SECTION I - PROGRAM INFORMATION - Applications should be submitted at least 60 days prior to the program

SPONSOR NAME AND COMPLETE MAILING ADDRESS	CONTINUING EDUCATION PROGRAM TITLE
NAME OF CONTACT PERSON PHONE NUMBER ()	PREVIOUS APPROVED NUMBER FOR THIS PROGRAM , IF ANY
	PROGRAM DATE(S) AND LOCATION(S)
HOW MANY HOURS OF COURSE INSTRUCTION WILL BE PROVIDED (EXCLUDE BREAKS, MEALS, ETC.)	CAN A BOARD MEMBER OR MEMBER OF THE CONTINUING EDUCATION UNIT ATTEND THE PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO

All certificates should show the following for use in Michigan for continuing education credit:

- | | |
|-----------------------------|--|
| 1. The name of the sponsor | 5. The approval number |
| 2. The name of the program | 6. The actual number of hours attended |
| 3. The name of the attendee | 7. The signature of attendance monitor |
| 4. The date of the program | |

Programs should be submitted 60 days prior to the program date.

SECTION II - APPLICATION AND REVIEWER CHECKLIST

NOTE: TWO complete copies of all application materials must be submitted and numbered in the following order.

APPLICANT Please check	1) This offering is a planned learning program designed to promote the continual development of knowledge, skills, and attitudes on the part of the licensee.	BOARD REVIEWER Please check
	a. A program schedule	
	b. An explanation of how the program is being designed to further educate pharmacists including a short narrative describing the program content and the criteria for the selection of this topic.	
	c. A copy of the instructional objectives which have been developed for this program.	
	d. Copies of all promotional and advertising materials for this program.	

APPLICANT Please check		BOARD REVIEWER Please check
	2. This offering has responsible sponsorship and capable direction including administrative support, which assures maintenance and availability of adequate records as well as adequate budget and instructional resources.	
	a. A brief description of the sponsoring organization	
	b. The name, title and address of the Program Director and a description of his/her qualifications to direct this program.	
	c. A description of how and where program records (promotional materials, handouts, records of attendance and CE credit awarded, program evaluations, and post test scores) will be maintained and the name, title, and address of the individual responsible for maintaining these records.	
	d. A description of how the amount of CE credit to be awarded for this program was determined.	
	e. A description of how participants will be notified that CE credit has been earned. Include a copy of the certificate or other document to be issued.	
	f. A description of the physical facilities available to assure a proper learning environment.	
	3. The program is taught by appropriate, qualified, competent teaching staff and uses delivery methods which allows for active participation and involvement of those in attendance.	
	a. A description of how faculty for this offering was chosen. Include how the nature of the topic, the desire for fair and balanced program content, and program duration influenced the size and selection of faculty for this offering.	
	b. A copy of the curriculum vitae for each member of the instructional staff.	
	c. A description of the delivery method or methods to be used and the techniques that will be employed to assure active participation.	
	4. Mechanisms exist to allow for evaluation of the participant and the provider.	
	a. A copy of the post test instrument to be used for participant evaluation.	
	b. A description of how post tests will be administered, corrected, and returned to participants.	
	c. A description of how post test performance will influence awarding of CE credit.	
	d. A copy of the program evaluation form to be used by participants to evaluate the quality of this offering.	
	e. A description of how information provided by participants on program evaluation forms will be used to influence future offerings.	
	f. A description of how attendance is monitored, sample documents, and the name of the person monitoring attendance.	

CERTIFICATION

I hereby certify that the statements made in this application are true, complete and correct, and that the materials submitted accurately reflect the presentation and administration of this continuing education program.

If this is not signed and dated, your application will not be complete.

SIGNATURE OF PROGRAM DIRECTOR

DATE

TYPE OR PRINT NAME

REVIEWER USE ONLY

☐ If all or any portion is denied, please state thoroughly the reason for the denial:

☐ If you would like further information submitted by the applicant, please state specifically what is needed:

☐ Program approved as presented

Board Reviewers Signature

Hours Approved

Date Reviewed

*NOTE: If it is necessary that you call regarding this application, the following will assist you with the automated telephone system:

1. At the first prompt, press 1
2. At the second prompt, press 2
3. At the second prompt, press 4